# DoD Instruction 6490.16

# Defense Suicide Prevention Program

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| **Originating Component:** | Office of the Under Secretary of Defense for Personnel and Readiness |
| **Effective:**<br>**Change 1 Effective:** | November 6, 2017<br>June 15, 2020 |
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| **Incorporates and Cancels:** | DoD Directive 6490.14, "Defense Suicide Prevention Program," June 18, 2013<br>Under Secretary of Defense for Personnel and Readiness Memorandum, "Guidance for Commanders and Health Professionals in the Department of Defense on Reducing Access to Lethal Means Through the Voluntary Storage of Privately-Owned Firearms," August 28, 2014<br>Under Secretary of Defense for Personnel and Readiness Memorandum, "Standardized Department of Defense Suicide Data and Reporting," March 14, 2014<br>Under Secretary of Defense for Personnel and Readiness Memorandum, "Standardized Department of Defense Suicide Data and Reporting," March 11, 2015<br>Directive-type Memorandum 16-001, "Policy for Reporting Suicides and Attempts of Service Members and Suicides of Service Members' Dependents," January 7, 2016 |
| **Approved by:** | A. M. Kurta, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness |
| **Change 1 Approved by:** | Matthew P. Donovan, Under Secretary of Defense for Personnel and Readiness |

**Purpose:** In accordance with the authority in DoD Directive (DoDD) 5124.02, this issuance:

- Establishes policies and assigns responsibilities for the DoD Suicide Prevention Program, pursuant to Section 533 of Public Law (PL) 112-81, Sections 580 through 583 of PL 112-239, and Section 567 of PL 113-291.
- Establishes procedures for the oversight and reporting of the DoD Suicide Prevention Program.
- Establishes policies for reporting suicides and suicide attempts of Service members, both Active Component and Selected Reserve (SELRES), and suicides of Service members' dependents, in accordance with Section 567 of PL 113-291.
- Establishes the Suicide Prevention General Officer Steering Committee (SPGOSC) and the Suicide Prevention and Risk Reduction Committee (SPARRC).

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# SECTION 1: GENERAL ISSUANCE INFORMATION

**1.1. APPLICABILITY.** This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the National Guard Bureau (NGB), the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the "DoD Components").

**1.2. POLICY.** It is DoD policy that the DoD:

a. Make substantial efforts to reduce suicide.

b. Foster a command climate that:

(1) Encourages personnel to seek help and build resilience.

(2) Increases awareness about behavioral healthcare and reduces the stigma for personnel who seek behavioral healthcare, in accordance with DoD Instructions (DoDIs) 6490.04 and 6490.08.

(3) Protects the privacy of personnel seeking or receiving treatment relating to suicidal behavior, consistent with applicable standards, including DoDI 5400.11, DoD 5400.11-R, DoD Manual (DoDM) 6025.18, and DoDIs 6490.04 and 6490.08. This includes data collected over the course of suicide prevention, intervention, and postvention activities.

c. Provides personnel continuous access to quality behavioral healthcare and other supportive services, including crisis services; foster collaboration of DoD suicide prevention efforts; and services to strengthen readiness and resilience of DoD personnel and their dependents.

d. Provide DoD Components with a training competency framework on suicide prevention.

e. Develop program standards and critical procedures for suicide prevention, intervention, and postvention that reflect a holistic approach.

f. Collect and consolidate surveillance data of suicides and suicide attempts for reporting and analysis for members of Active Component and SELRES, and for suicides by Service members' dependents using consistent collection, reporting, and analysis of suicides and suicide attempts. This includes suicide-related behaviors data from the Department of Defense Suicide Event Report (DoDSER) and the Annual Suicide Report (ASR) submitted by the DoD Components in a timely manner to support suicide prevention efforts.

g. Promote lethal means safety measures for suicide prevention, in accordance with Section 3 of this issuance.

h. Encourage unit memorial ceremonies and services when a Service member dies by suicide.

i. Implement the Department of Defense Strategy for Suicide Prevention (DSSP), which is modeled after the National Strategy for Suicide Prevention and encompasses the comprehensive policy on prevention of suicide among Service members, as required by Section 582 of PL 112-239.

j. Foster collaboration, cooperation, and coordination among stakeholders, including other federal agencies; appropriate public, private, and international entities; and appropriate institutions of higher education to support suicide prevention policies and programs in accordance with Section 591 of PL 114-92.

k. Develop guidelines and criteria for DoD Components to use when coordinating with non-governmental organizations in suicide prevention efforts in accordance with Section 591of PL 114-92.

## 1.3. INFORMATION COLLECTION.

a. The Quarterly Suicide Report (QSR), the ASR, and the annual DoDSER referred to in this issuance are exempt internal collections and do not require licensing with a report control symbol, in accordance with Paragraph 1.b.(13) of Volume 1 of DoDM 8910.01.

b. The QSR and the DoDSER referred to in this issuance have been assigned Office of Management and Budget control number 0720-0058 in accordance with the procedures in Volume 2 of DoDM 8910.01. The expiration date of this control number is listed at http://www.reginfo.gov/public/do/PRASearch.

## 1.4. SUMMARY OF CHANGE 1.

The changes to this issuance are substantive and:

a. Reflect organizational changes within the Office of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)).

b. Establish the SPGOSC as the official governance body for suicide prevention across the DoD and the SPARRC as the supporting working group.

c. Require DoD Components to implement guidelines on collaborating with non-governmental organizations.

d. Require Military Services to report dependent suicides based on available information by providing record-level data to DSPO.

# SECTION 2: RESPONSIBILITIES

**2.1. EXECUTIVE DIRECTOR, FORCE RESILIENCY (EDFR).** Under the authority, direction, and control of theUSD(P&R), the EDFR:

a. Oversees all suicide prevention programs, other than clinical programs under the purview of the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

b. Provides policy direction to, and oversight of, the DSSP.

c. Coordinates with the Director, DoD Human Resources Activity (DoDHRA), to ensure the Defense Suicide Prevention Program is adequately resourced.

d. Develops and issues policy and implementation guidance for suicide surveillance and reporting within the DoD, and recommends changes or revisions to the USD(P&R, the Assistant Secretary for Health Affairs, or the Director of the Defense Health Agency (DHA) the Office of the Armed Forces Medical Examiner.

e. Through the Director, Defense Suicide Prevention Office (DSPO), serves as the DoD point of contact for all OSD-level reports to Congress primarily concerning Service member and dependent suicide events.

f. Through the Director, DSPO, coordinates with the Secretaries of the Military Departments; the Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)); the Director, DHA; and the Director, DoDHRA, to receive data required for implementing DoD suicide prevention programs and monitoring existing surveillance data.

g. In coordination with the Director, DoDHRA, select for appointment a general officer or flag officer (GO/FO) or a member of the Senior Executive Service (SES) as the Director, DSPO.

h. Co-chairs or appoints a GO/FO or SES-equivalent to co-chair the SPGOSC, with a GO/FO or SES-equivalent appointed by the ASD(HA). May invite ad-hoc members as needed.

**2.2. ASD(M&RA).** Under the authority, direction, and control of the USD(P&R), the ASD(M&RA):

a. Directs the Deputy Assistant Secretary of Defense for Civilian Personnel Policy to obtain guidance from the DSPO on developing and executing non-clinical suicide prevention education and training for DoD civilian personnel, including civilian employees deployed in support of military operations and employees assigned outside the continental United States.

b. Reviews policies and procedures that affect suicide prevention and involve risk factors common to those associated with suicide, and coordinates these policies and procedures with the DSPO before they are issued.

c. Coordinates with the Director, DSPO; the Secretaries of the Military Departments; and the Chief, NGB, to ensure suicide prevention programs are implemented in accordance with components structure, demographics, and needs across the Active Component and SELRES.

d. Identifies unique issues of the Reserve Component and their members' dependents, communicates those needs to the Director, DSPO and the Secretaries of the Military Departments, and works to bridge gaps to meet the needs of the Reserve Component and their members' dependents.

e. Designates, in writing, a primary and alternate GO/FO, SES, or equivalent level person with direct access to senior leadership and an understanding of the Reserve Component's suicide prevention needs, to actively serve as a member of the SPGOSC.

f. Designates, in writing, a subject matter expert who is a military member or full-time or part-time federal employee to actively serve as a member of the SPARRC and its working groups.

**2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY COMMUNITY AND FAMILY POLICY.** Under the authority, direction, and control of the ASD(M&RA), the Deputy Assistant Secretary of Defense for Military Community and Family Policy:

a. Collaborates with the DSPO on issues related to the prevention of suicide for family members and dependents of Service members, including:

(1) Any policies, procedures, or guidance related to family members and suicide prevention and awareness.

(2) Military Community and Family Policy program efforts that address risk factors common to those associated with suicide.

b. Incorporates evidence-based suicide prevention programs and/or content into family and youth programs, when appropriate.

c. Oversees suicide prevention training and resources to families.

d. Provides the DSPO with family programs data, when requested, to help assess the effectiveness of the DoD's suicide prevention efforts.

**2.4. DIRECTOR, DODHRA.** Under the authority, direction, and control of the USD(P&R), the Director, DoDHRA:

a. Coordinates with the EDFR on the operational responsibilities of the Director, DSPO.

b. Supports the DSPO with human resources matters, budgetary matters, civilian personnel policy, and legal matters.

c. Through the Director, Defense Manpower Data Center (DMDC), compiles available data on suicides by military dependents and provides information to the DSPO from the Defense Enrollment Eligibility Reporting System (DEERS).

## 2.5. DIRECTOR, DSPO.

a. Policy Responsibilities. Under the authority, direction, and control of the EDFR, the Director, DSPO:

(1) Assists the EDFR in the development of DoD non-clinical suicide prevention programs that promote and enhance suicide prevention, intervention, and postvention with the goal of reducing stigma and increasing the awareness to facilitate help-seeking behaviors.

(2) Oversees the Military Services' compliance on non-clinical suicide prevention activities with this issuance and coordinates with the Secretaries of the Military Departments to review policies, programs, surveillance, and other activities related to suicide prevention, intervention, postvention, and research.

(3) Serves as the DoD's primary point of contact for DoD-wide responses to Congressional hearings, reports, and other mandates, as well as other inquiries concerning non-clinical suicide prevention.

(4) Fosters, in accordance with applicable law and DoD regulations, collaboration and cooperation among external stakeholders, such as other federal agencies (e.g. Department of Veterans Affairs, Department of Health and Human Services); nongovernmental organizations (nonprofit organizations and private organizations); international entities; and institutions of higher education to develop suicide prevention through activities such as conferences, working groups, and other collaborative mechanisms.

(5) In collaboration with the Secretaries of the Military Departments, develops and implements a comprehensive strategic communications plan to promote effective suicide prevention messaging within the DoD.

(6) Analyzes and assesses DoD-wide surveillance data (by using information through established data systems, research studies, and pilot programs) and research activities related to suicidal and other high-risk behaviors to identify risk factors and key outcomes and inform suicide prevention policies and programs. Evaluates and incorporates suicidal behavior-related research into suicide prevention policies and programs. Research efforts include:

(a) Participating in other organizations' working groups, committees, and panels tasked with identifying and funding research in this field, with the aim of avoiding redundancies.

(b) Funding research gaps identified by the Military Services and other DoD stakeholders, to the extent feasible within the DSPO's budget.

(c) Collaborating with the Uniformed Services University of the Health Sciences on DoD standards and procedures for collection of suicide-related data.

(7) Oversees the development and distribution of the ASR. Publishes the ASR each calendar year to internal and external stakeholders.

(8) Serves as the Executive Secretary of the SPGOSC.

(9) Designates, in writing, the chair of the SPARRC.

(10) Develops policy guidance for DoD suicide prevention, competencies, and education for DoD personnel.

(11) Develops, publishes, monitors, and disseminates a comprehensive DSSP.

(12) Uses the public health approach to address suicide prevention.

(13) Serves as the USD(P&R)'s point of contact for receiving suicide data, analysis, and reports from the Director, DHA, and the DoD Components.

b. Operational Responsibilities. Under the authority, direction, and control of the Director, DoDHRA, and in coordination with the EDFR, the Director, DSPO:

(1) Leads, guides, and oversees the Defense Suicide Prevention Program.

(2) Provides technical assistance to DoD stakeholders to build or identify suicide prevention program requirements, and funding to minimize program gaps and to review and reduce duplication and redundancies.

(3) With the Department of Veterans Affairs and Centers for Disease Control and Prevention, creates, implements, and maintains an interagency suicide data repository Military Mortality Database in accordance with the procedures in Volume 1 of DoDM 8910.01, to ensure the comprehensive surveillance and analysis of suicide across the Military Services.

(4) Establishes minimum standardized data elements for collecting, reporting, and disseminating data about suicidal behaviors, and sets standards consistent with DoDI 5400.11, DoD 5400.11-R, and DoDM 6025.18 for publically releasing data across the DoD quarterly, annually, and as needed.

(a) Provides guidance to the Secretaries of the Military Departments on the analysis and reporting of validated data on confirmed and pending cases of suicidal behaviors.

(b) Works with the Director, Armed Forces Medical Examiner System (AFMES), to receive validated data on confirmed and pending cases of death from suicide by Service members.

(c) Collaborates with the Military Departments to obtain information on and report deaths by suicide when not in a duty status.

(5) Provides non-clinical suicide prevention and resource information to the OSD Transition to Veterans Program Office for incorporation into transition goals, plans, and success

programming for eligible Service members, pursuant to Section 1142 of Title 10, United States Code (U.S.C.) and provides representation to the OSD Transition to Veterans Program Office councils and working groups, as necessary.

**2.6. DIRECTOR, DMDC.** Under the authority, direction, and control of the Director, DoDHRA, the Director, DMDC:

a. Provides suicide-related data and analytic support to the Director, DSPO, as requested.

b. Manages the Military Mortality Database to track deaths and causes of deaths of DoD military personnel and maintains a data repository for dependent deaths, to enable thorough analysis and inform policies on the prevention of suicides. The database will include deaths during the Service member's period of service and deaths after separation or retirement, to the extent such information is available.

c. Provides Service-specific and aggregate personnel end strength, demographic, and other Service-related information to the Director, AFMES, to complete and standardize the data files required to calculate annual suicide rates.

d. Compiles available data on suicides by military dependents and provides information to the DPSO and the Services Suicide Prevention Office from DEERS, in accordance with Section 567 of PL 113-291.

**2.7. ASD(HA).** Under the authority, direction, and control of the USD(P&R), and in accordance with DoDD 5136.01 and DoDI 1010.10, the ASD(HA):

a. Supports the EDFR on healthcare-related aspects of suicide prevention policies and programs.

b. In coordination with the EDFR and the Director, DSPO, supports DoD-wide suicide prevention, intervention, postvention, surveillance, investigative activities, and research.

c. Supports disseminating and messaging for adopting core education and training guidelines on preventing suicide and suicide-related behaviors by all health professions, including graduate and continuing education entities developed by the DSPO and DHA.

d. Ensures that the Military Departments provide uniformed behavioral health professionals suicide prevention training as part of internship, residency, fellowship, and continuing medical education programs.

e. Appoints a GO/FO or SES-equivalent to co-chair the SPGOSC with EDFR and may invite ad-hoc members as needed.

**2.8. DIRECTOR, DHA.** Under the authority, direction, and control of the ASD(HA), and in accordance with DoDD 5136.13, the Director, DHA:

a. Integrates the use of evidence-based programs and strategies related to suicide prevention and clinical intervention across the Military Health System.

b. Coordinates and collaborates with the DSPO to promote suicide prevention, non-clinical and clinical intervention, and postvention efforts.

c. Evaluates DoD clinical suicide prevention programs.

d. Designates, in writing, a subject matter expert to actively serve as a member of the SPARRC and its working groups.

e. Requires the Department of Veterans Affairs/DoD Clinical Practice Guideline (CPG) for Assessment and Management of Patients at Risk for Suicide to be widely distributed within the Military Health System and for related clinical support tools and training to be readily available to providers.

f. Monitors and evaluates the Military Health System's effectiveness of current evidence-informed diagnostic tools and treatment methods as outlined in the CPG for Assessment and Management of Patients at Risk for Suicide.

g. Requires DHA-administered warrior care programs to:

(1) Incorporate suicide prevention into the care of wounded warriors and submit suicide-related data collected in the Disability Evaluation System to the Director, DSPO, as requested.

(2) Provide:

(a) The suicide prevention training framework to recovery care coordinators, quarterly.

(b) A copy of all suicide-related training curricula and materials to the Director, DSPO, annually.

(3) Support and assist Service members and their families with suicide prevention, intervention, and postvention.

## 2.9. CHIEF, PSYCHOLOGICAL HEALTH CENTER OF EXCELLENCE (PHCOE).

Under the authority, direction, and control of the Director, DHA, the Chief, PHCoE:

a. When requested, provides data to the DSPO, for data surveillance, and evaluation of non-clinical suicide prevention efforts, in accordance with DoDM 6025.18.

b. Oversees all DoDSER inputs and requires data to be thoroughly checked for accuracy and submitted in accordance with timelines established by the USD(P&R).

c. Disseminates the annual DoDSER by July 31 for each calendar year to internal and external stakeholders.

d. Reports to the DoD Components on populations at risk and other key demographic information on a quarterly basis.

e. Maintains the DoDSER to collect, store, and report all suicide and identified suicide attempt information for all Service members including Reserve Component members.

f. In coordination with the EDFR, collects demographic information from the DMDC on Service members who attempt suicide, as reported by the Military Services through the AFMES.

g. Consolidates data for all Service member suicide attempts on a quarterly basis and provides aggregate count information to the DSPO on a quarterly basis before the last business day of the month after the quarter ends.

h. Designates, in writing, a subject matter expert to actively serve as a member of the SPARRC and its working groups.

**2.10. DIRECTOR, AFMES.** Under the authority, direction, and control of the Director, DHA, the Director, AFMES:

a. Verifies and reports deaths by suicides for the Active Component and, to the extent applicable, the Reserve Component, to the Military Services, the Chief, PHCoE, the DMDC, and the Director, DSPO.

b. Provides suicide-related data to the DSPO.

c. Designates, in writing, a subject matter expert to actively serve as a member of the SPARRC.

d. Completes and standardizes the data files required to calculate annual suicide rates.

**2.11. DIRECTOR OF THE DOD EDUCATION ACTIVITY (DODEA).** Under the authority, direction, and control of the ASD(M&RA), the Director, DoDEA:

a. Oversees and delivers an evidence-based suicide prevention training to students and staff in DoDEA schools and annually submits a copy of all training curriculum and materials to the Director, DSPO.

b. Submits the number of suicide attempts and suicides by DoDEA students to the DSPO annually.

**2.12. ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS (ATSD(PA)).** In coordination with the USD(P&R), the ATSD(PA):

a. Develops guidance and tools for DoD leadership for engaging with media on suicides in accordance with DoDD 5122.05.

b. Publicizes DoD efforts for suicide prevention (e.g., Suicide Prevention Month).

c. Supports the Director, DSPO, in developing, coordinating, and disseminating messages focused on suicide prevention, intervention, postvention, and surveillance to support stigma reduction and reduce the potential for suicide contagion.

d. Assists the Director, DSPO, in addressing media inquiries on DoD suicide prevention, intervention, and postvention efforts.

e. Coordinates with the Director, DSPO, before releasing any messages concerning suicide policies, programs, and statistics.

**2.13. DIRECTOR OF THE DEFENSE MEDIA ACTIVITY.** Under the authority, direction, and control of the ATSD(PA), the Director, Defense Media Activity:

a. Trains all new public affairs officers on effective suicide prevention messaging to reduce suicide events.

b. In coordination with the DSPO, provides a wide variety of information on suicide prevention to the entire DoD family (i.e., Active, National Guard, and Reserve Service members, dependents, retirees, and DoD civilians) as well as to external audiences through all available media.

c. Communicates messages and themes on suicide prevention from DoD senior leaders (i.e., Secretary of Defense, Secretaries of the Military Departments, Chairman of the Joint Chiefs of Staff, Military Service Chiefs of Staff, Combatant Commanders) in order to support and improve quality of life and morale, promote situational awareness, provide timely and immediate force protection information, and sustain readiness.

d. Provides broadcast, written, and multi-media information related to suicide prevention to:

(1) Active, National Guard, and Reserve Service members.

(2) DoD civilians.

(3) DoD dependents.

(4) Individuals assigned, attached, or embarked aboard U.S. Navy vessels.

**2.14. GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE.** The General Counsel of the Department of Defense provides legal advice and assistance on all matters affecting the mission and responsibilities of the Defense Suicide Prevention Program.

**2.15. UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE AND SECURITY.** The Under Secretary of Defense for Intelligence and Security establishes DoD policy regarding the safeguarding and protection of firearms on military installations.

**2.16. SECRETARIES OF THE MILITARY DEPARTMENTS.** The Secretaries of the Military Departments:

a. Implement a suicide prevention policy and program that addresses prevention, intervention, and postvention, in accordance with this issuance and the DSSP.

b. Oversee Military Department implementation of the guidance in this issuance and the DSSP for the Active and Reserve Components.

c. Adequately staff, fund, and maintain a Service-level suicide prevention program that includes a designated military or civilian person at the command or installation level, whose duties include implementation and oversight of the command or installation suicide prevention program.

d. Provide guidance for collecting suicide-related event data.

e. Establish standards for conducting suicide prevention, intervention, and postvention activities.

f. Allow military criminal investigative organizations to investigate noncombat deaths, in accordance with DoDI 5505.10.

g. Designate, in writing, a primary and alternate GO/FO, SES, or equivalent level person with direct access to senior leadership to actively serve as a member of the SPGOSC.

h. Designate representatives, at least one per Service, to actively serve as members of the SPARRC and its working groups.

i. Establish policies and procedures to ensure the deaths of dependents of Active and Reserve Component Service members are accurately reported and documented in DEERS.

j. Ensure Service members and civilians are aware of resources for suicide prevention, intervention, and postvention available on military installations. Ensure commanders (or civilian equivalents) are prepared to refer individuals who are not entitled to use military treatment facilities to appropriate suicide prevention, intervention, and postvention resources.

k. Support DSPO's annual suicide death review by providing data elements to the Director, DSPO, within 90 days post AFMES confirmation. Data elements include personnel file, contingency tracking system deployment file, medical files, social media data (if available), and a criminal investigation report. The criminal investigation report will be provided within 30 days of the report being completed by the military criminal investigative organization concerned.

**2.17. CHAIRMAN OF THE JOINT CHIEFS OF STAFF.** The Chairman of the Joint Chiefs of Staff:

a. Supports Combatant Command coordination efforts with the Services to promote and assist in suicide prevention, intervention, and postvention efforts.

b. Supports the Services' suicide prevention training, awareness, and planning at the Combatant Commands.

c. Ensures Combatant Command Military Service Element will coordinate Service-specific suicide prevention training as required.

d. Designates, in writing, a primary and alternate GO/FO, SES, or equivalent level person with direct access to senior leadership to actively serve as a member of the SPGOSC.

e. Designates, in writing, a subject matter expert to actively serve as a member of the SPARRC and its working groups.

**2.18. MILITARY SERVICE CHIEFS.** Under the authority, direction, and control of the Secretaries of the Military Departments, the Military Service Chiefs:

a. Promote total force fitness and resilience in accordance with Chairman of the Joint Chiefs of Staff Instruction 3405.01.

b. Promote opportunities for the families of Service members to participate in suicide prevention activities.

c. Ensure the Military Services' suicide prevention efforts are implemented and in alignment with the DSSP.

d. Provide resources for combatting stigma, training, and programs for suicide prevention, intervention, and postvention.

e. Ensure Service healthcare providers (including behavioral and mental health providers) meet ASD(HA) policies, guidelines, and requirements for suicide prevention competency and training requirements.

f. Ensure that professional military education, ranging from basic training to senior Service schools, develops leaders with the interpersonal and leadership skills required to fulfill their leadership and mentoring responsibilities relative to suicide prevention, and promotes the well-being and total fitness of the Service members. Develop and distribute core-curriculum content to Service schools to support professional military education requirements.

g. Designate a military or civilian person at the command or installation level, whose duties include implementation and oversight of the command or installation suicide prevention program.

h. Oversee suicide prevention education and training that promotes help-seeking behaviors, identifying risk factors, resilience and coping methodologies, strengthens Service members, and enables interventions to Service civilian supervisors that focuses on referral techniques and protocols for their employees.

i. Oversee policies that encourage family members to seek help and to attend suicide prevention training.

j. Implement training for command or installation level suicide prevention leads focused on reducing deaths by suicide to meet mission requirements as required by the Military Service.

k. Direct commanders at all levels to:

(1) Educate unit leaders on behaviors that are effective in promoting life, unit cohesion, and support in their organizations. Emphasize help-seeking behaviors among Service members to develop positive resilience skills to reduce suicide risk.

(2) Provide suicide prevention training to all members of the organization at a frequency determined by the Military Service concerned.

(3) Develop and implement postvention guidance for subordinate organizations to follow after a suicide.

l. For Military Departments that have different training requirements by component, direct the Commanders of Reserve Component Organizations, through the direction and control of the Secretaries of the Military Departments and the NGB, to implement a suicide prevention program comparable to the Active Component, as directed by the Secretaries of the Military Departments:

(1) Develop strategic messaging on suicide prevention, intervention, and postvention efforts that promote a holistic approach to suicide prevention.

(2) Require Reserve Component clinical service providers to receive training on suicide prevention and related behaviors.

m. Provide a Service-wide suicide prevention education and training program as a separate or combined part of an overall training program.

n. Inform civilian employees and those civilian employees deployed of support resources at their present and deployed locations outside the continental United States.

o. Ensure that a DoDSER is submitted for each suicide event occurring among their respective Service members. DoDSERs for suicides will be due within 60 days from notification that the death has been confirmed as a suicide by AFMES. DoDSERs for suicide attempts will be due within 30 days of the event.

p. Support DSPO's research initiatives by ensuring, in accordance with law and DoD regulations, access to criminal investigation files after a suicide, including but not limited to personnel file, contingency tracking system deployment file, medical files, and social media data. The criminal investigation files that include all information available will be provided within 30 days of the report being completed by the military criminal investigative organization concerned.

q. Through their Suicide Prevention Program Manager (SPPM):

(1) Oversees implementation of the Service suicide prevention program.

(2) Represents the Service suicide prevention program at internal DoD and external meetings.

(3) Promotes and fosters suicide prevention, intervention, and postvention efforts within each Service.

(4) Serves as a member of the SPARRC and its working groups.

(5) Verifies the accuracy of all Service suicide data (confirmed and pending suicides) for the QSR and ASR.

**2.19. CHIEF, NGB.** The Chief, NGB:

a. Establishes policies for providing National Guard members with State and local suicide resources at the community level.

b. In collaboration with State Adjutant Generals, ensure National Guard members receive training on suicide prevention and the availability of DoD, State, and local resources.

c. Monitors the appointment of coordinators at the State and local levels to promote and foster suicide prevention, intervention, and postvention efforts.

d. Designates, in writing, a primary and alternate GO/FO, SES, or equivalent level person with direct access to senior leadership and an understanding of the National Guard's suicide prevention needs to actively serve as a member of the SPGOSC.

e. Designates, in writing, an SPPM to actively serve as a member of the SPARRC and its working groups. While the NGB has one vote, SPPMs from both the Army National Guard and Air National Guard are welcome to serve as non-voting members.

**2.20. COMBATANT COMMANDERS.** In coordination with the Chairman of the Joint Chiefs of Staff and the Military Service Chiefs, the Combatant Commanders:

a. Support military Service suicide prevention programs and training.

b. Incorporate suicide prevention considerations into joint planning efforts.

c. To the maximum extent practicable, make integrated services (e.g., chaplain support, medical services, family support services) available to all members in their respective areas of responsibility, including deployed locations.

# SECTION 3: ACCESS TO LETHAL MEANS

**3.1. PURPOSE.** Recognizing the relationship between effective suicide prevention and putting time and space between someone at risk, and lethal means of suicide, this section establishes procedures to:

a. Promote the use of gun locks for privately owned firearms as a matter of general household safety and risk reduction.

b. Provide an opportunity for Service members not living on a military installation or other DoD-owned or operated property, and the immediate family members in their households, for voluntary safe storage of privately owned firearms on the relevant installation for a duration determined by the firearm owner.

c. Encourage the Service member to voluntarily store their privately owned firearm(s) on the relevant installation on a temporary basis, in cases which commanders or health professionals have reasonable grounds to believe a Service member is at risk of suicide or causing harm to others.

d. In cases in which possession of a privately owned firearm on a DoD installation or DoD-owned or operated property is not otherwise lawful under applicable federal or State law, cooperate with appropriate authorities involved regarding the implementation of such federal and State law.

## 3.2. GUIDANCE.

a. Under Section 1057 of PL 112-239, as amended, a DoD Component, as a general rule, will not issue any requirement relating to, or collect or record any information relating to lawful acquisition, possession, ownership, carrying, or other use of privately owned firearms, ammunition, or other weapons by a Service member on property that is not on a military installation or other DoD-owned or operated property. This prohibition does not apply if the Service member is engaged in official duties on behalf of the DoD.

b. DoD Components will promote the voluntary use of gun locks and other safe storage methods for privately owned firearms on property that is not on a military installation or other DoD-owned or operated property.

c. DoD installations will provide an opportunity for Service members not living on the installation or other DoD-owned or operated property, and the immediate family members in their households, for voluntary safe storage of privately owned firearms on the installation. This must be completely voluntary and for a duration determined solely by the owner of the firearm. While stored on the installation, the firearm must be stored in accordance with DoDM 5100.76.

d. Commanders and health professionals may ask for and collect record information about a Service member's privately owned firearms, ammunition, or other weapons if the commanders or health professionals have reasonable grounds to believe the Service member is at risk of suicide or causing harm to others, and may take the other actions outlined in Paragraph 3.3.

e. In cases in which possession of a privately owned firearm on a DoD installation or DoD-owned or operated property is not otherwise lawful under applicable federal or State law, the DoD Components will cooperate with appropriate authorities involved in implementing such law. Such laws may include those applicable to possession of a firearm by an individual subject to a domestic violence protective order, which may under some applicable State laws include temporary domestic violence protective orders. Installation commanders will consult with their Judge Advocates, Family Advocacy Program administrators, and other appropriate program personnel to ensure appropriate procedures are in place.

## 3.3. PROCEDURES IN CASES OF DANGER TO SELF OR OTHERS.

a. For situations involving Service members who are a danger to themselves or others, DoD personnel will take rapid action to ensure care for said Service members and reduction of risk, in accordance with local policy and laws, including making necessary notifications to authorities.

b. If health professionals and commanders (in consultation with other health professionals) reasonably believe a Service member is at risk of suicide or causing harm to others, they will, consistent with the law and this issuance, ask the Service member to voluntarily store their privately owned firearms and ammunition for temporary safekeeping. The action must be entirely voluntary for the Service member; the request by the commander may not be accompanied by any command incentives or disincentives.

c. In implementing the procedures in this issuance, the commanders' and health professionals' responsibilities pursuant to DoDIs 6490.04 and 6490.08 remain in effect. Commanders and supervisors who in good faith believe a subordinate Service member may require a mental health evaluation are authorized to direct an evaluation under DoDI 6490.04 or to take other actions consistent with the procedures in Enclosure 3 of that issuance. In those circumstances, a command directed mental health evaluation has the same status and force as any other lawful military order.

d. The commander will follow DoDM 5100.76, DoDI 5200.08, and Service-specific policies and plans to temporarily store and maintain accountability of privately owned firearms and ammunition that are voluntarily relinquished by Service members, in coordination with installation law enforcement and in accordance with local installation procedures.

e. In accordance with Paragraph 3.3(b), if the Service member indicates that he or she has possession of privately owned firearms, the commander will:

(1) Ask the Service member to voluntarily store firearms and ammunition temporarily at a location designated by local policy.

(2) If the Service member voluntarily agrees to store his or her firearms and ammunition for temporary safekeeping, ensure the weapons and ammunition are safeguarded in accordance with DoDM 5100.76 and returned in accordance with Military Service and installation policies when the specified period ends or the Service member asks for the firearm(s) and ammunition to be returned.

(3) Ensure that protected healthcare information or personally identifiable information contained in any documentation is safeguarded in accordance with DoDI 5400.11, DoD 5400.11-R, and DoDM 6025.18.

f. Nothing in this section limits the authority of commanders to issue lawful orders relating to matters not addressed by this section when the commander determines such orders are necessary to foster the safety of the Service member, families, and others. These actions include, but are not limited to, regulating the possession of firearms on military installations in accordance with DoDD 5210.56, DoDI 5200.08, and DoDI 5100.76.

# SECTION 4: STANDARDIZED DOD SUICIDE DATA AND REPORTING

**4.1. PURPOSE.** Standardized data for the reporting of suicides by Service members is extremely important when reporting suicide rates. This section establishes the guidance and procedures for standardized DoD Component data and reporting within the Military Services and the DoD.

## 4.2. GUIDANCE.

a. The Military Services and the DoD must report all suicide data in accordance with the procedures contained in this issuance. AFMES is the official DoD-wide entity responsible for confirming active duty suicides. For the purpose of DoDSER reporting, include all suicide attempts that occurred during the period of Military Service. Nothing in this issuance affects the Military Service obligation to make line-of-duty determinations for purposes under Sections 1447-1460 of Title 10, U.S.C. and Military Service regulations.

b. AFMES makes a determination on a pending suicide case after reviewing investigative reports (if they are available) and/or incident information that is entered into the Defense Casualty Information Processing System by Military Service casualty case managers.

(1) If little or no information is provided, AFMES contacts its medical examiners or other personnel to obtain additional information. If a Service member died in a civilian jurisdiction, AFMES contacts the local coroner's office to obtain further information.

(2) If a discrepancy occurs between AFMES and the Military Services, the two parties will share information and identify the reliability of the source to determine whether to confirm the suicide. Adjudication will take place between the Military Service and AFMES.

c. The AFMES medical examiner autopsy report determines a confirmed suicide for members of the Active and Reserve Component and National Guard members on active duty.

(1) SELRES not on active duty suicides will be counted and reported in conjunction with the Military Service's mortuary affairs office.

(2) Reconciliation between AFMES and the Military Services is conducted using autopsy reports as the primary means to determine cause and manner of death.

d. The Military Services will obtain DoD Component strength figures exclusively from the DMDC to ensure consistent inclusion and exclusion criteria of Service members. This allows comparison of suicide rates among Service components. The Military Services will obtain population data monthly from the DMDC with month-end strength. Each DoD Component population for the prior calendar year will be averaged to obtain the average DoD Component population during the calendar year. This population data will be used to calculate the calendar year annual rate.

e. National Guard and Reserve suicide rates will include only the SELRES and will not include the Individual Ready Reserve and the Inactive National Guard.

f. Service member suicides that occur within 120 days after a Service member is placed on Temporary/Permanent Disability Retired List status or the Temporary/Permanent Disability Retired List population at large will not be included when calculating the DoD Component rates, because the Department of Veterans Affairs may report these statistics.

g. The DSPO will publish the QSR within 90 days of the end of the quarter and the ASR each year.

## 4.3. PROCEDURES.

a. The Military Services will designate personnel to provide quarterly and annual data on confirmed and pending cases of suicides to the Director, AFMES, in accordance with the procedures in this issuance. The Military Services will:

(1) Designate trained personnel to complete a DoDSER entry for all confirmed and suspected suicides and suicide attempts.

(2) Direct the establishment of a suicide event board at the command or installation level.

b. Designate personnel to update the cause and manner of death in the Defense Casualty Information Processing System within 15 days after the AFMES makes a final determination.

c. AFMES will calculate annual suicide rates for the Active and Reserve Components and provide DSPO with finalized suicide counts and rates no later than June 30 each year. The Active Component suicide rate includes active members and cadets and midshipmen at the designated military academies.

d. How to calculate each rate is described in Figure 1.

**Figure 1. Suicide Rate Calculation**

**DoD Suicide Rate** =

$$\frac{\text{Sum of all Active , National Guard, and Reserve Component suicides that occurred during the CY}}{\text{Average Active Component Popuation + Average National Guard Population + Average Reserve Population}} \times 100{,}000$$

**Active Component Suicide Rate** =

$$\frac{\text{Sum of all Active Component suicides that occurred during the CY}}{\text{Average Active Component Population}} \times 100{,}000$$

*Average Active Component Population* =

$$\frac{\text{Sum Army monthly Populations for CY}}{12} + \frac{\text{Sum Air Force monthly Populations for CY}}{12} + \frac{\text{Sum Navy monthly Populations for CY}}{12} + \frac{\text{Sum Marine Corps monthly Populations for CY}}{12} + \frac{\text{Sum Army Cadet Populations for CY}}{12} + \frac{\text{Sum Air Force Cadet Populations for CY}}{12} + \frac{\text{Sum Navy Midshipmen Populations for CY}}{12}$$

**National Guard Suicide Rate** =

$$\frac{\text{Sum of all National Guard suicides that occurred during the CY}}{\text{Average National Guard Population}} \times 100{,}000$$

*Average National Guard Population* =

$$\frac{\text{Sum Army National Guard monthly Populations for CY}}{12} + \frac{\text{Sum Air National Guard montly Populations for CY}}{12}$$

**Reserve Suicide Rate Calculation** =

$$\frac{\text{Sum of all Reserve suicides that occurred during the CY}}{\text{Average Reserve Population}} \times 100{,}000$$

$$\text{Average Reserve Population} = \frac{\text{Sum Army Reserve monthly Populations for CY}}{12} + \frac{\text{Sum Navy Reserve monthly Populations for CY}}{12} + \frac{\text{Sum Marine Corps Reserve monthly Populations for CY}}{12} + \frac{\text{Sum Air Force Reserve monthly Populations for CY}}{12}$$

Note:

- The suicide rate is a measure of suicide frequency amongst different Military Components.
- Component strength population will be obtained from the Defense Manpower Data Center, the primary source for Service and Component population data, to ensure consistent inclusion and exclusion criteria of Service members.
- Rates will be calculated with suicide case and Component population information from the most recently-completed calendar year.
- For the Army and Air Force, a combined National Guard and Reserve rate may be calculated to meet the minimum threshold.

## 4.4. RATE CALCULATION AND REPORTING REQUIREMENTS AND TRACKING AND REPORTING RULES.

a. This reporting includes Active Component and drilling and training National Guard and Reservists, Individual Mobilization Augmentees, and full-time support Active Guard and Reserve personnel.

b. The AFMES reports suicide numbers to DSPO and DMDC on a weekly basis, with inputs from the Military Service suicide prevention programs.

c. The Military Services will report cause and manner of death, if known, for suicide deaths of members not in a duty status to AFMES. Suicide counts will be published in the QSR on the last day of the reporting quarter. Because of the inability to confirm all suspected suicides, and

because of potential delays in reporting, the QSR will update the suicide counts by Service components for previous quarters, as necessary, due to newly received information. Data reported will have appropriate caveats to alert readers to the potential for future updates.

d. Each Military Service will report to AFMES the number of suicide deaths from within the Active Component, SELRES, and members of the Reserve Component not in a duty status no later than 15 calendar days after the end of the quarter, to the extent such information is available.

e. The DSPO will publically disseminate DoD quarterly reports, which summarize quarterly inputs from the Military Services no later than the end of the quarter following the reporting period.

f. DSPO will publish in the ASR the official suicide counts and suicide rates for both Active and Reserve Components.

g. Suicides involving National Guard and Reserve Service members while on active duty, actively drilling, or in a civilian status will be included in the respective National Guard and Reserve suicide rates.

h. Military Service component rates will not be calculated when the number of suicides is less than 20. Instead, only the number of suicides will be reported.

# SECTION 5: REPORTING SUICIDES OF SERVICE MEMBERS' DEPENDENTS

**5.1. PURPOSE.** The procedures contained in this section will be used to comply with Section 567 of PL 113-291. The DoD employs a comprehensive data collection approach that integrates dependent data from DEERS, the National Death Index, and the Military Services.

**5.2. PROCEDURES.**

a. Military sponsors must report dependent suicide deaths to the nearest installation DEERS/Real-Time Automated Personnel Identification System Office within 30 days of receiving the final death certificate.

b. DEERS verifying officials will scan the death certificate into the DEERS database.

c. Verifying officials will ensure that dependents' suicide deaths are captured accurately by selecting "suicide" from the Manner of Death drop-down menu in DEERS.

d. DMDC will:

(1) Use data from the DEERS database to access dependent suicide data that will be used to identify the manner of death and or any other data relevant to suicides of dependents.

(2) Provide record-level dependent suicide data (e.g., Social Security number, full name, and death date) on a quarterly basis no later than 15 calendar days after the end of the quarter to the DSPO, in accordance with Paragraph 2.16.i.

e. The Military Services will provide record-level death data (e.g., Social Security number, full name, and death date) on each dependent captured in a Service-specific database to the DSPO no later than 30 days after the end of each calendar year quarter, if such information is available.

# SECTION 6: UNIT MEMORIAL CEREMONIES AND SERVICES

**6.1. PURPOSE.** Unit memorial ceremonies and services honor the service of Service members who have died and offer support to unit survivors and family members. These memorial events assist survivors and family members in dealing with the realities of death by allowing them a means for expressing their grief, receiving condolences, and beginning the healing process.

## 6.2. GUIDANCE.

a. Commanders (and equivalent leaders) are strongly encouraged to conduct a memorial event for every Service member who dies while assigned to their unit, regardless of the cause and manner of death.

b. A memorial event should offer the opportunity to provide closure for members of the unit organization. Even in the case of a death by suicide, a commander's (or equivalent leader's) remarks can serve to reinforce the value of life, underscore the loss felt by members of the unit organization, encourage others to seek appropriate help, and highlight the ongoing need to care for all. Commanders (or equivalent leaders) are encouraged to ask for professional advice and input from unit-assigned chaplains and other key unit organization leaders.

c. Unit organization commanders (or equivalent leaders) should inform family members of the deceased about any unit organization memorial event that is conducted in a deployed environment, and invite the family to attend unit organization memorial events at the home station, as appropriate.

d. Certain types of public communication after a suicide could possibly increase or decrease the suicide risk of those receiving communications. Therefore the memorial service should avoid idealizing the act or method of suicide. It is appropriate to comment on any positive accomplishments that the Service member may have done while in service. All public statements will appropriately respect the privacy of family members of the deceased.

(1) If conducted improperly, a memorial service may lead to glorification of the suicide event and potentially trigger contagion events among personnel with identified or unidentified suicide risk. Therefore, memorial services should avoid commenting on method or manner of death, or idealizing any actions that may have contributed to the death by suicide.

(2) A memorial service can help with reducing contagion and help participants cope with guilt and anger. The memorial service should:

(a) Comfort the grieving.

(b) Provide a eulogy appropriate to the Service member, family, and circumstances, in a similar manner as for other Service member deaths; one that reflects any relevant strengths or accomplishments, while not idealizing the manner of death or any traits that might have contributed to the death.

(c) Ensure that there is no public comment on the specific circumstances surrounding the death, such as the manner used in the suicide, or speculation as to the reasons for the suicide. Any comments on the death should be matter-of-fact and general, in a similar manner; for example, as one would talk about the sudden loss of a Service member from a motor vehicle accident.

(d) Encourag Service members or family members to seek help as appropriate, by listing available resources for help.

e. The Secretaries of the Military Departments may provide additional regulatory guidance, as necessary.

# SECTION 7: GOVERNANCE STRUCTURE

## 7.1. SPGOSC.

a. Purpose. The SPGOSC provides oversight and guidance for the governance and execution of the Defense Suicide Prevention Program.

b. Guidance. The SPGOSC will:

(1) Serve as an advisor to the USD(P&R) on suicide prevention policies and programs.

(2) Provide guidance and policy priorities for the SPARRC to develop recommendations and action plans for decision.

(3) Approve new or updated policies and programs which address present, emerging, and future suicide prevention needs, employing evidence-informed practices.

c. Procedures. The SPGOSC will:

(1) Be co-chaired by EDFR or appoint a GO/FO or SES-equivalent to co-chair the SPGOSC, with a GO/FO or SES-equivalent appointed by the ASD(HA). May invite ad-hoc members as needed.

(2) Meet quarterly or as required by the co-chairs.

(3) Have members appointed and designated in writing.

(4) Comply with DoDI 5105.18.

## 7.2. SPARRC.

a. Purpose. The SPARRC is an action officer working group of the SPGOSC focused on suicide prevention efforts in the DoD.

b. Guidance. The SPARRC will:

(1) Develop policy recommendations for the SPGOSC, which address present, emerging, and future suicide prevention needs, employing evidence-informed practices.

(2) Implement the priorities of policy and program decisions made by the SPGOSC.

c. Procedures. The SPARRC will:

(1) Be chaired by designation in writing by Director of DSPO.

(2) Meet quarterly or as required by the chair.

(3) Have members appointed and designated in writing.

(4) Comply with DoDI 5105.18.

# GLOSSARY

## G.1. ACRONYMS.

| | |
|---|---|
| AFMES | Armed Forces Medical Examiner System |
| ASD(HA) | Assistant Secretary of Defense for Health Affairs |
| ASD(M&RA) | Assistant Secretary of Defense for Manpower and Reserve Affairs |
| ATSD(PA) | Assistant to the Secretary of Defense for Public Affairs |
| ASR | Annual Suicide Report |
| | |
| DEERS | Defense Enrollment Eligibility Reporting System |
| DHA | Defense Health Agency |
| DMDC | Defense Manpower Data Center |
| DoDD | DoD directive |
| DoDEA | DoD Education Activity |
| DoDHRA | DoD Human Resources Activity |
| DoDI | DoD instruction |
| DoDM | DoD manual |
| DoDSER | Department of Defense Suicide Event Report |
| DSPO | Defense Suicide Prevention Office |
| DSSP | Department of Defense Strategy for Suicide Prevention |
| | |
| EDFR | Executive Director, Force Resiliency |
| | |
| GO/FO | general officer or flag officer |
| | |
| NGB | National Guard Bureau |
| | |
| PL | Public Law |
| PHCoE | Psychological Health Center of Excellence |
| | |
| QSR | Quarterly Suicide Report |
| | |
| SELRES | Selected Reserve |
| SES | Senior Executive Service |
| SPARRC | Suicide Prevention and Risk Reduction Committee |
| SPGOSC | Suicide Prevention General Officer Steering Committee |
| SPPM | Suicide Prevention Program Manager |
| | |
| U.S.C. | United States Code |
| USD(P&R) | Under Secretary of Defense for Personnel and Readiness |

**G.2. DEFINITIONS.** Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

**AFMES.** The system within the DHA that provides worldwide comprehensive medico-legal services and investigations; tracks all deaths subject to its jurisdiction (active duty status deaths), their determination, and other relevant information.

**ASR.** An annual report that provides official suicide counts and suicide rates for the DoD, including bother Service members and military dependents. The ASR also describes departmental initiatives to combat suicide among Service members and their families.

**commander.** Anyone with authority and responsibility for effectively using available resources and planning the employment of organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions. A commander also has responsibility for the health, welfare, morale, and discipline of assigned personnel as it relates to suicide prevention.

**contagion.** A situation where knowledge of another person's suicidal act influences others to think about or attempt suicide.

**dependent.** With respect to a Service member, a dependent is a person described in Section 1072(2) of Title 10, U.S.C. In the case of a parent or parent-in-law of the Service member, the income requirements of Subparagraph (E) do **not** apply. See also the definition of "family" contained in this Glossary.

**Disability Evaluation System.** Used to determine if Service members coping with wounds or illness are fit to perform their duties and continue to serve in the Armed Forces.

**DoDSER.** A report that characterizes Service member suicide data through a coordinated, web-based data collection system.

**DoDSER system.** A web-based application with functionality to collect the core set of standardized DoD suicide surveillance points, as well as a limited number of Military Service-specific suicide surveillance data points. The software collects calendar year data that have been defined in collaboration with the SPPMs of each Military Service and the SPARRC.

**evidence-based.** A conclusion based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.

**family.** A Service member's spouse; children who are unmarried and under age 21 years or who, regardless of age, are physically or mentally incapable of self-support; dependent parents, including step-and legally-adoptive parents of the Service member's spouse; and dependent brothers and sisters, including step- and legally-adoptive brothers and sisters of the Service member's spouse who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support. See also the definition of "dependent" contained in this Glossary.

**intervention.** A strategy or approach that is intended to prevent an outcome or alter the course of an existing challenge or stress; also known as "secondary prevention."

**lethal means.** Suicide methods that are highly lethal (e.g., firearms, drugs, and poisons).

**military criminal investigative organizations.** The U.S. Army Criminal Investigation Command, the Naval Criminal Investigative Service, and the Air Force Office of Special Investigations.

**Military Health System.** The DoD medical and dental programs, personnel, and facilities through which the DoD provides health care services and support to the Military Services during military operations, and health care services and support under TRICARE to members of the Military Services, their family members, and others entitled to DoD medical care.

**National Death Index.** A centralized database of death record information on file in state vital statistics offices.

**Office of the Armed Forces Medical Examiner**. The office charged with the execution of Section 1471 of Title 10, U.S.C. and DoDI 5154.30, and makes cause of death and manner of death determinations for all Active Duty deaths, including suicides.

**PHCoE.** A division of the J-9 (Research and Development) Directorate of DHA responsible for work on the healthcare related aspects of the Department's suicide prevention programs and policies. It is also responsible for the operation and sustainment of the DoDSER system as well as the analysis and communication of DoDSER data and findings. Its mission is to improve the lives of our Nation's Service members, veterans, and families by advancing excellence in psychological health care and prevention of psychological health disorders.

**postvention.** Response activities that should be undertaken in the immediate aftermath of a suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional suicides. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Also known as "tertiary prevention."

**prevention.** A strategy or approach that reduces the risk or delays the onset of adverse health problems, or reduces the likelihood that an individual will engage in harmful behaviors. Also known as "primary prevention."

**protective factors.** Skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors. Protective factors may be personal (e.g., attitudes, values, and norms prohibiting suicide) or external or environmental (e.g., strong relationships, particularly with family members).

**public health approach.** A prevention approach that impacts groups or populations of people versus treatment of individuals. Public health focuses on preventing suicidal behavior before it ever occurs (primary prevention), and addresses a broad range of risk and protective factors. The public health approach values multi-disciplinary collaboration, which brings together many different perspectives and experience to enrich and strengthen the solutions for the many diverse communities.

**record-level data.** Data reflective of individual records that includes at minimum Social Security Number, full name, and date of death, but may also include data reflecting incident details and other related information (if such information is available).

**resilience.** The ability to withstand, recover from, and grow in the face of stressors and changing demands.

**risk factors.** Factors caused by stress, trauma, or other circumstances that cause a schism in protective factors. Factors that make it more likely those individuals will develop a disorder or pre-dispose one to high-risk for self-injurious behaviors. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

**risk reduction.** Methods for reducing the threat for suicidal ideation or behaviors. Examples include, but are not limited to, mental health screenings, counseling, and means reduction.

**SELRES.** Those units and individuals within the Ready Reserve designated by their respective Services and approved by the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other reserves.

**SPARRC.** A collaborative forum of subject matter experts to facilitate the flow of information between the DSPO, Military Services, and other stakeholders for the exchange of best practices and lessons learned; part of the DSPO governance structure.

**SPGOSC.** A collaborative forum made up of GO/FO and SES members who facilitate the review, assessment, integration, standardization, implementation, and resourcing of suicide prevention policies and programs.

**SPPM.** A DoD Component-level military or civilian program manager funded and appointed to establish, maintain, and implement the DoD Components' suicide prevention policy and program. May also be called a "program manager" or "coordinator" and may be appointed solely as a SPPM or coordinator or in conjunction with other appointed duties, as appropriate. The SPPM represents a Components' program at internal DoD and external meetings; promotes and fosters suicide prevention, intervention, and postvention efforts; and serves as a member of the SPARRC and its working groups.

**stigma.** Negative perception by individuals that seeking mental health care or other supportive services will negatively affect or end their careers.

**suicidal behaviors.** Behaviors related to suicide, including preparatory acts, as well as suicide attempts and death.

**suicidal ideation.** Thinking about, considering, or planning suicide.

**suicide.** Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

**suicide attempt.** A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.

**suicide attempt survivor.** An individual who attempts to die by suicide, but does not die.

**suicide data repository.** An integrated mortality data repository form the DoD, Department of Veterans Affairs, and the Centers for Disease Control and Prevention, and includes information on all causes and manners of death to include suicide-related data for Service members and veterans.

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